

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO 10751637 FILING DATE 01-06-04
 APPLICANT(S) _____

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
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TOTAL IND.	3		9				
TOTAL DEP.	14		23				
TOTAL CLAIMS	17		32				
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